

Annual Report for 1969

The staff of the Eye Clinic consists of a part-time ophthalmologist and a part-time secretary. At the end of 1969 another part-time secretary was allotted to the clinic. The expenses are met by the Danish Government on the budget of the Danish National Service for the Mentally Retarded.

In 1969, 444 consultations were given to a total of 321 patients. This is an increase in the number of consultations by 14 per cent and in the number of patients by 8 per cent as compared with 1968. During the same period, the waiting list increased from 96 to 224 patients and the list for check-up examinations, which at the end of 1968 comprised 140 patients, had increased to 157 by the end of 1969. The total number of patients on the waiting and check-up lists now exceeds the number of patients who can be seen during 1970 by the present staff. Acute ophthalmological and neurological cases will be seen without delay, and patients admitted to the Mental Retardation Institutions in Copenhagen for clinical evaluation will be examined with minimum waiting time as ophthalmological examination of such patients is an integral part of the diagnostic schedule of the institutions.

Classification of Diseases

The patients seen are grouped according to the WHO Classification of Diseases. Only principal diagnoses are given. If a patient has several co-existing diseases, the ocular disorder leading to the most extensive change in the morphology of the eyes is regarded as the principal diagnosis, even if the patient is referred to the clinic for treatment of a more trivial disorder.

Registration of Blindness and Low Vision

The registration is continued according to the classification approved by the International Association for the Prevention of Blindness. Each case is listed only once, namely in the year when the first examination took place. If it is

demonstrated by a later examination that the visual acuity is over 6/60 in either eye, the patient is taken off the register of blind patients, and if better than 6/18, he is removed from the list of partially sighted. In this way, the register tends to decrease slightly as compared with the first entries.

During the three years we have worked in the clinic, the number of new cases of blindness diagnosed decreased, while the corresponding figures for partially sighted patients appearing seem to be fairly constant (see table). This suggests that the staffs in the institutions and kindergartens have found and referred most of the blind patients to us, and that it is very difficult for the ward personnel and teachers to disclose low vision in the individuals concerned.

New cases of blindness and low vision diagnosed in 1967-1969.

Year	Blindness	Low vision
1967	26	27
1968	15	20
1969	11	27

Research in Progress

From the Research Foundation for the Danish National Service for the Mentally Retarded, the Eye Clinic has obtained a grant for a research on the total number of blind and partially sighted persons in Danish institutions for the mentally retarded. This work is in progress. The tracing of the patients is facilitated by notifications from the institutions in question and by collaboration with the educational advisers from the National Institute for the Blind and Partially Sighted (non-retarded) which began in 1967.

Collection of Slides

The collection comprises 573 slides of pathological features of the eyes of the mentally retarded.

Cumulative Reviews on Mental Retardation

Collaboration has been established with Dr. M. Mikkelsen and Dr. E. Niebuhr, of the Kennedy Institute, with Dr. B. Beck, of the Department of Paediatrics,

University Hospital, Copenhagen, and with Mr. B. Russel, Dental Surgeon of the Children's Hospital, Vangede, Copenhagen, for the purpose of publishing a number of brief illustrated reviews of diseases or syndromes in the mentally retarded. The Danish medical weekly *Ugeskrift for Læger* has kindly offered to publish the reviews.

Papers and Publications

In 1969, Dr. M. Warburg was invited to read papers at the Second Conference on the Clinical Delineation of Birth Defects in Baltimore, at the Alumni Reunion Meeting held at the Department of Ophthalmology, University of Pennsylvania, and at the Eleventh World Congress of the International Society for the Rehabilitation of the Disabled in Dublin.

The following papers were presented in 1969:

Microphthalmia in the Mentally Retarded. Alumni Reunion Meeting.

Norrie's Disease. Sec. Conf. Clin. Delineation of Birth Defects.

Differential Diagnoses of Senile Macular Degenerations. Danish Ophthalmology Society.

Focal Dermal Hypoplasia. Third International Conference on Cong. Malform., the Hague.

Tracing and Training of Blind and Partially Sighted Persons in Institutions for the Mentally Retarded. Eleventh World Congr. Intern. Soc. Rehab. Disabled.

Instruction lectures were also given to nurse trainees at the National Danish Service for the Mentally Retarded, to a teachers' postgraduate training course and to a medical postgraduate course on mental retardation.

Three of the above-mentioned papers have been submitted for publication.

One paper has been published:

Mette Warburg: An Immobilising Contact Lens. *Acta Ophth.* 47: 781: 1969.

METTE WARBURG, M. D.
Consultant Ophthalmologist

BIRTE LINELL
Secretary

KIRSTEN RATHSACH
Secretary

WHO International Classification of Diseases

Abbreviations: B, boys; M, men G, girls; W, women	Age					
	0-14		15-69		70-	
	B	G	M	W	M	W
02. <i>Syphilis cum sequelis</i>						
02. 020. 0. Keratitis parenchymatosa syphilitica				1		
16. <i>Neoplasma benigna</i>						
16. 223. Neoplasma benign. oculi				1		
30. <i>Morbi inflammatorii oculi</i>						
30. 370. Conjunctivitis infectiva			1	2		
30. 370. 10. Conjunctivitis acuta		1	1	1		
30. 370. 30. Keratoconjunctivitis sicca				1		
30. 371. Blepharitis				3		
30. 372. 1. Abscessus palpebrae	1					
30. 375. 40. Chorioiditidis seq.	1			1		
30. 378. 30. Dacryostenosis canalicularis		1				
30. 379. Alii morbi inflammatorii oculi						1
31. <i>Anomalia refractionis</i>						
31. 380. 0. Anisometropia	2					
31. 380. 10. Astigmatismus	3		3	4		
31. 380. 30. Hypermetropia	12	7	15	9	3	
31. 380. 40. Hypermetropia excessiva ($\geq +5$)	1	2	3	5		
31. 380. 50. Myopia simplex	2	1	2	4		
31. 380. 60. Myopia excessiva (≤ -5)	5	3	7	12		
31. 380. 70. Presbyopia			1	4		
31. 384. <i>Strabismus</i>						
31. 384. 10. Amblyopia ex anopsia strabotica				1		
31. 384. 30. Esophoria	1	1				
31. 384. 31. Esotropia monolateralis	14	7	2	2		
31. 384. 32. Esotropia alternans	5	2	2	1		
31. 384. 40. Exotropia	1	1	1	1		
31. 384. 41. Exotropia monolateralis	1			2		
31. 384. 42. Exotropia alternans	2	1	1	5		

(Cont.)

WHO International Classification of Diseases

				Age					
				0-14		15-69		70-	
				B	G	M	W	M	W
31.	384.	80.	Ophthalmoplegia int. et ext.			2			
31.	384.	90.	Paresis n. abducentis	1					
31.	385.	<i>Cataracta</i>							
31.	385.	10.	Cataracta senilis			1			2
31.	385.	20.	Cataracta complicata				1		
31.	386.		Ablatio retinae + ruptura retinae			1			
31.	387.	40.	Glaucoma simplex					1	
31.	388.	<i>Alii morbi oculi</i>							
31.	388.	07.	Lagophthalmus				1		
31.	388.	08.	Ptosis palpebrae non congenita			4			
31.	388.	32.	Keratoconus	1		1	1		
31.	388.	51.	Opacitates corporis vitrei					1	
31.	388.	72.	Atrophia n. optici	12	8	3	6		
31.	388.	76.	Fibroplasia retrolentalis	1					
31.	388.	77.	Oedema papillae n. opt.		1				
31.	389.		Amaurosis	1					
44.	453.	03.	Tortuositas vasorum	1					
86.	<i>Malformationes congenitae</i>								
86.	753.	00.	Cataracta congenita	3	2	1	4		
86.	753.	19.	Ptosis palpebrae	1					
86.	753.	30.	Cystis dermoides corneo-scleralis	1					
86.	753.	34.	Keratoglobus			1			
86.	753.	43.	Coloboma irides, chorioidae	2	1				
86.	753.	55.	Corpus vitr. prim. persistens				1		
86.	753.	60.	Retina, nervus opticus			1			
86.	753.	65.	Degeneratio macularis	2					
86.	753.	66.	Degeneratio tapetoretinalis		1		1		
86.	753.	76.	Microphthalmus	1	1		1		
86.	758.	20.	Hypertelorismus	1	1				
86.	758.	22.	Franceschetti syndrome			1			

(Cont.)

WHO International Classification of Diseases

	Age					
	0-14		15-69		70-	
	B	G	M	W	M	W
87. <i>Laesiones in partu, asphyxia, infectiones neonatorum</i>						
87. 769. 30. Toxoplasmosis congenita, immaturitate non indicata				1		
86. 769. 80. Toxoplasmosis congenita, immaturitate indicata	1					
88. <i>Symptomata, senilitas, casus male definiti</i>						
88. 781. 30. Hemianopsia homonyma			2			
88. 781. 15. Nystagmus	2	1	1			
88. 781. 151. Nystagmus latens		1	1	3		
88. 781. 153. Nystagmus rotatorius	1					
88. 793. 03. Observatio	1					
Y. <i>Casus speciales, examinationes sine morbo</i>						
Y. 09. Persona sine symptomati morbi	18	12	12	4		

Classifications of Causes of Blindness

1. By Aetiology				Age					
				0-14		15-69		70-	
				B	G	M	W	M	W
<i>Infectious diseases</i>									
14.0	Meningitis	1967		1					
23.0	Rubella	1967			1				
		1969		1					
25.1	Toxoplasmosis prenatal	1967		2					
		1968		1					
		1969		1					
<i>Accidents, poisoning, violence</i>									
46.0	Surgical or medical procedure	1967		1					
46.15	Dysozygenation	1967		1			1		
49.0	External cause not specified	1968		1					
<i>General diseases not elsewhere classified</i>									
65.8	Other disorders of central nervous system specified	1967		1	1				
		1968		2					
65.9	Disorder of central nervous system not specified	1967		1					
		1968		1	1	1			
		1969		1					
<i>Prenatal influence not elsewhere classified</i>									
81.0	Genetic origin established	1968		1					
		1969				1			
82.0	Genetic origin probable	1969		1					
88.0	Other prenatal influence not elsewhere classified, specified:								
88.10	Central nervous system	1967		2	2				
		1968			1				
		1969		2					
88.20	Chromosomal	1967				1			
88.40	Syndromes	1967		1					
		1969					1		
89.0	Prenatal influence not specified	1967		6	1				
		1968		1					
91.0	Unknown to science	1967			2	1			
		1968				2	1	1	
		1969				1			1
98.0	Evidence insufficient for diagnosis	1968						1	
Total				29	9	7	3	2	1

Classifications of Causes of Blindness

II. By Site and Type of Affection			Age					
			0-14		15-69		70-	
			B	G	M	W	M	W
<i>Eyeball in general</i>								
122	Myopia, detachment of retina not specified	1967			1			
		1968			2	1		
144	Microphthalmia	1969	1			1		
<i>Cornea</i>								
370	Keratoconus	1967			1			
<i>Lens</i>								
410	Cataract	1967	3	2				
		1968					1	
		1969	1		1			1
<i>Uveal tract</i>								
560	Chorioretinitis	1967	1					
		1968	1					
<i>Retina</i>								
630	Retrolental fibroplasia	1967	1			1		
650	Tapetoretinal degeneration and allied conditions including retinitis pigmentosa	1967		1				
660	Macular degeneration	1967	1					
		1969	1					
<i>Optic nerve, optic pathways, and cortical visual centres</i>								
710	Optic nerve atrophy	1967	6	3				
		1968	4	1			1	
		1969	3					
750	Lesion of optic pathway or cortical visual centre	1967	1	1				
		1968		1	1			
<i>Vitreous</i>								
880	Other affection of vitreous specified	1968	1					
		1969			1			
<i>Site and type indefinite or not reported</i>								
945	Ampllyopia uni- or bilateral, not explained	1967	2					
		1969	1					
950	Congenital nystagmus	1967	1					
Total			29	9	7	3	2	1

Classifications of Causes of Low Vision

I. By Aetiology			Age					
			0-14		15-69		70-	
<i>Infectious diseases</i>			B	G	M	W	M	W
25.1	Toxoplasmosis prenatal	1967			1	1		
		1969	1					
29.0	Infectious disease, not specified	1969				1		
<i>Accidents, poisoning, violence</i>								
45.0	Birth Process	1967	2		1	1		
		1968				1		
<i>General diseases not elsewhere classified</i>								
65.8	Other disorder of central nervous system specified	1967		1				
		1968	1					
		1969			1			
65.9	Disorder of central nervous system, not specified	1969				1		
<i>Prenatal influence not elsewhere classified</i>								
81.0	Genetic origin established	1967		1				
		1968				1		
		1969				1		
82.0	Genetic origin probable	1967	1					
88.0	Other prenatal influence not elsewhere classified, specified:							
88.10	Central nervous system	1967	3	3				
		1968	1					
		1969	1			1		
88.20	Chromosomal	1967	1			1		
		1968		1				
		1969				2		
88.40	Syndromes	1967			1			
89.0	Prenatal influence not specified	1967	2	1				
		1968	1		1	1		
		1969	2	4	2			
91.0	Unknown to science	1967			2	2	1	1
		1968	2		1	6	1	
		1969			2	6	1	
98.0	Evidence insufficient for diagnosis	1968				1		1
		1969			1			
Total			18	11	13	27	3	2

Classifications of Causes of Low Vision

II. By Site and Type of Affection			Age					
			0-14		15-69		70-	
			B	G	M	W	M	W
<i>Eyeball in general</i>								
110	Glaucoma excluding infantile	1969					1	
121	Myopia with detachment of retina	1969			1			
122	Myopia, detachment of retina not specified	1967	1		2	4		
		1968	2		2	3	1	
		1969		1	1	4		
144	Microphthalmia	1967				1		
		1968				1		
145	Aniridia	1967		1				
146	Coloboma, any part, excluding surgical	1967		1				
		1969	1					
180	Other general affection of eyeball specified	1969			1			
<i>Cornea</i>								
319	Keratitis, other type specified	1968						1
370	Keratoconus	1968				1		
<i>Lens</i>								
410	Cataract:							
410.10	Congenital cataract	1967					1	1
		1968				1		
		1969				3		
<i>Uveal tract</i>								
560	Chorioretinitis	1969	1			1		
<i>Retina</i>								
650	Tapetoretinal degeneration and allied conditions including retinitis pigmentosa	1967		1	1			
		1969				1		
660	Macular degeneration	1967	1					
<i>Optic nerve, optic pathway, and cortical visual centres</i>								
710	Optic nerve atrophy, optic neuritis or papilloedema	1967	5	1	1	1		

Classifications of Causes of Low Vision

II. By Site and Type of Affection (cont.)		Age					
		0-14		15-69		70-	
		B	G	M	W	M	W
	1968	2	1		2		
	1969	1	2	1	3		
740	Affection of optic nerve, not specified	1967	1				
750	Lesion of optic pathway or cortical visual centre	1967	1				
		1969	1				
<i>Site and type indefinite or not reported</i>							
945	Amblyopia uni- or bilateral not explained	1969		2			
950	Congenital nystagmus	1967	1	1			
		1968	1		1		
		1969	1				
Total		18	11	13	27	3	2

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